

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13858

State File No. _____

FILED MAY 4 1953		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 429	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		8396	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Handley Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1039 West Phelps Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>BRYAN</u>		c. (Last) <u>GRASS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 27, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 18, 1898</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Richland, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Gross</u>		13b. MOTHER'S MAIDEN NAME <u>Dollie Godfrey</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Grass (Divorced)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sarah Grass Springfield, Mo.,</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stab Wound of Thorax</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Rt. internal</u> DUE TO (c) <u>mammary Artery &</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Shock & Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E982X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. MANNER OF DEATH (Specify) <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Porch of home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 27, 1953</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Stabbed with knife..</u>			
22. I hereby certify that I attended the deceased from <u>4:27</u> , 19 <u>53</u> , to <u>4:27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-27</u> , 19 <u>53</u> , and that death occurred at <u>5:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph P. Hill</u>				23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>4/28/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/30/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4/30/53</u>		REGISTRAR'S SIGNATURE <u>Eura Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>AYRE-GOODWIN FUN'L SERVICE, Spgfld,</u>		ADDRESS <u>MO.,</u>	

(Licensed Embalmer's Statement on Reverse Side)

AYRE-GOODWIN FUNERAL SERVICE
623 West Walnut
PERMANENT RECORD

MAY 26 1953

MAY 7 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.